

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>2-17-04</u>		2 Serial/Patent # <u>10/620,064</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	<i>None</i>	<i>2/17/04</i>	\$ <i>420.<sup>00</sup></i>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ <i>420.<sup>00</sup></i>							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		<div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">9</span> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">9</td> </tr> </table> </div>			0	9	--	0	0	8	9
0	9	--	0	0	8	9					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>Petitioner established non-receipt of the notice of missing parts</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Paul Shanorsky</u>		TITLE: <u>Senior Attorney</u>									
SIGNATURE: <u><i>Paul Shanorsky</i></u>		PHONE: <u>571-272-3225</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>Alicia Kelly</i></u>		DATE: <u><i>1/4/05</i></u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*